

March 25, 2020

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"To advance the health of our communities by ensuring quality emergency and disaster medical services."

## MEMORANDUM

TO:

See Distribution

FROM:

Marianne Gausche-Hill, MD

SUBJECT:

**COVID-19 UPDATE #5** 

Thanks to all who participated on our weekly Monday 8:00-9:00 AM call through a Zoom link. We will be sending with the next call-in link some instructions to help those who were challenged getting connected and hearing the audio. The next call is Monday, March 30th. Although this is a Holiday, we will continue to have these calls so that you can be updated on the changes to our guidance relevant to the COVID-19 pandemic.

## **Confirmed or Potential Exposures**

The Los Angeles Public Health Department (LACPHD) guidance for EMS Personnel - Confirmed and Potential Exposure. This is being finalized by Public Health but essentially, defines a HIGH-RISK exposure as one for which EMS responders have not donned appropriate PPE, and have performed a high-hazard, aerosol-generating procedure (i.e., intubation, King or direct laryngoscopy, bag mask ventilation, suctioning, CPR or nebulized treatments) on a confirmed or suspected COVID-19 patient. In these High-Risk cases the EMS providers should self-isolate at home for 14 days and perform active monitoring as described by the Center for Disease Control (CDC). Otherwise EMS personnel who have donned appropriate PPE and are without symptoms can monitor their symptoms. This guidance will be sent as soon as it is available.

## Screening of EMS Provider Agencies Before Work

ALL EMS Provider Agencies should establish a process for health screening prior to work. All EMS responders should abide by their Agency's policy and self-monitor for symptoms of COVID-19 daily prior to starting work (fever 100 degrees F or higher, cough, or shortness of breath). If symptomatic, EMS personnel are required to alert their supervisor and self-isolate at home.

Currently, EMS personnel who develop symptoms as described above will selfisolate at home and will not return until 7 days from symptom onset and 72 hours from the last documented fever. Once returning to work they are required to wear a surgical mask on duty until they are a total of 14 days from symptom onset. There are few departments who are initiating testing and will revise the guidance once there is more widespread testing.



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### Dispatch

The Dispatch Guidance has been simplified based on increasing community spread of COVID-19. The Dispatch centers have been notified in a separate email, but the flow diagram is attached for reference.

#### Reference 1245 Potential COVID-19 Patient

Attached is Treatment Protocol 1245 which provides guidance for treatment and PPE for all potential COVID-19 patients, and for the initial assessment of all patients. This should be applied globally during the pandemic and should be utilized with all current treatment protocols. Please continue to document the Treatment Protocol(s) 4 letter code on the ePCR based on your Provider Impression(s) such as FEVR.

This protocol contains the following guidance:

- Directs providers to assume all patients could have COVID-19.
- Recommends minimum PPE for all patient encounters: surgical mask, eye protection, and gloves.
- Outlines approach to assessment and PPE required for assessment, routine management, and High-Risk aerosolizing procedures.
- Recommends King over endotracheal intubation if advanced airway is needed.
- Recommends use of a HEPA/Viral filter in-line with bag-mask device (see attached change in inventory and list of vendors).
- Outlines deviations from established Treatment Protocols patients with potential COVID-19 infection.
- · Advises limited use of nebulized medications and CPAP for severe respiratory distress.
- Allows for EMS Provider agencies to deliver albuterol by Metered Dose Inhaler (MDI) with spacer for adult and with mask for pediatric patients (see attached change in optional inventory and list of vendors).
- Alerts EMS Providers of the need to recognize that alternative locations may be set up by hospitals such as; tents adjacent to the Emergency Department and paramedics may be directed there if on the hospital campus for lower-risk patients.

This treatment protocol and references are for immediate dissemination and use:

Treatment Protocol 1245: Potential COVID-19 Patient

References: 703, 703.1, 704, 706, 712, 713